

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

## **DISCLOSURE 1 – SOLE PROPRIETOR INFORMATION**

| Sole Proprietor Name | Phone No. |  |
|----------------------|-----------|--|

## (1) SOLE PROPRIETOR PRIOR NAMES

Provide any prior name used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary.

| Prior Name | Date Use Began | Date Use Ceased |
|------------|----------------|-----------------|
|            |                |                 |
|            |                |                 |
|            |                |                 |

## (2) SOLE PROPRIETOR PRIOR ADDRESSES

Provide any prior address used by the sole proprietor during the past 3 years, if applicable. Add additional pages if necessary.

| Prior Street Address | City, State, Zip Code | Date Use Began | Date Use Ceased |
|----------------------|-----------------------|----------------|-----------------|
|                      |                       |                |                 |
|                      |                       |                |                 |
|                      |                       |                |                 |

## (3) SOLE PROPRIETOR OTHER BUSINESS INTERESTS

Provide any other business interests of the sole proprietor, regardless of whether the business is related to the marijuana industry. Add additional pages if necessary.

| Name of Other Business<br>Interest | Type of Business Entity (e.g.,<br>LLC, Corporation, Sole<br>Proprietor, etc.) | Type of Business Conducted | Extent of Involvement |
|------------------------------------|-------------------------------------------------------------------------------|----------------------------|-----------------------|
|                                    |                                                                               |                            |                       |
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CRA 5404 (Rev Mar-2022) Page 10 of 17